April 1, 2012 - March 31, 2013

Business Plan

One Island Future, One Island Health System

Health PEI

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Health PEI

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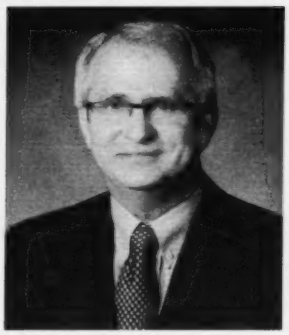
Chief Executive Officer's Message



I am pleased to present the 2012-2013 Business Plan for Health PEI. Over the past three years we have focused our attention on building a sustainable, high-quality integrated health services system that provides Islanders with the right care, by the right provider, and in the right place. As we enter into planning for our next strategic plan, this business plan serves as a transitional document, setting a strong base on which to build our future direction.

Health PEI has seen a number of successes over the past year. We have continued to improve access to care close to home through the ongoing development of our five Primary Care networks and our Home Care program. In an effort to support sustainability and ensure that Islanders receive the right care by the right provider, the Collaborative Model of Care strategic initiative continues to be developed across Health PEI sites and is now entering Phase II. As part of our Utilization Management and Patient Flow work we have initiated Lean Six Sigma quality improvement. With this we have already seen improved efficiencies in the Queen Elizabeth Hospital (QEH) Emergency Department and Laboratory Services, as well as Nursing Services at Summerside Home Care. Over the past year we have remained focused on the development of community and home-based services, improving efficiencies throughout the organization, and ensuring we develop an integrated high-quality health system.

As evidenced by our successes, we are particularly proud of the progress we have made this year. The Health PEI community, as a whole, should be acknowledged for their hard work and dedication on the numerous accomplishments achieved. As we move into this next year of strategic planning, we will continue to focus on improving quality and safety while ensuring the sustainability of the system. Given the current fiscal pressures and cost trends in health care, this Health PEI Business Plan 2012-2013 will help us stay the course of providing safe and quality health services with an imperative of sustainability and accountability.

Respectfully submitted,

Keith Dewar
CEO, Health PEI

Purpose of the Document

Each year Health PEI's business plan sets forth a course of action and accountability to ensure progress on our strategic plan with direction from the Department of Health and Wellness. Departmental direction for the business planning process is provided through:

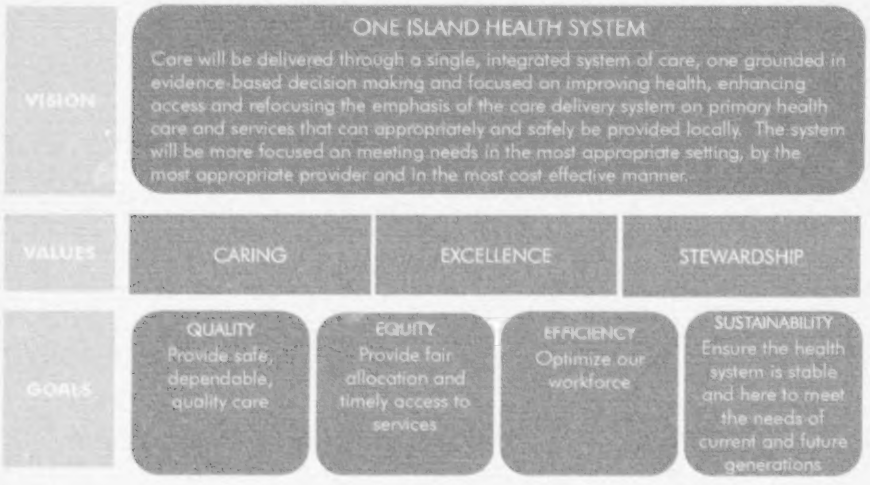
- Department of Health and Wellness Strategic Plan (to be released in 2012/13);
- Provincial Health Plan provided by the Minister (July 7, 2011);
- Budget Directive provided by the Minister (April 12, 2012).

The 2012/13 Health PEI Business Plan is prepared in accordance with the *Health Services Act*, S.P.E.I. 2009, Cap 7. More information on Health PEI's structure, strategic documents and the accountability relationship between Health PEI and the Department of Health and Wellness are available in Appendix A and B, respectively.

PEI Health System Vision, Values and Goals

Health PEI's vision, values, and goals provide a shared direction for PEI's health system (Figure 1). They define our identity as an organization and serve as a shared understanding of who we are, where we are going, how we will get there and the values we will apply in our actions as an organization.

Figure 1. PEI Health System Vision, Values, and Goals


VISION
ONE ISLAND HEALTH SYSTEM
Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.
VALUES
CARING
EXCELLENCE
STEWARDSHIP
GOALS
QUALITY
Provide safe, dependable, quality care
EQUITY
Provide fair allocation and timely access to services
EFFICIENCY
Optimize our workforce
SUSTAINABILITY
Ensure the health system is stable and here to meet the needs of current and future generations

Health PEI's strategic direction is developed based on stakeholder consultation, direction from the Department of Health and Wellness, and a comprehensive understanding of health systems and services. Each year the business plan serves as a commitment to the strategic vision based on direction and funding from the Ministry. It is an opportunity for Health PEI to review strategic work and performance within the organization and ensure alignment and progress toward our strategic direction.

In our current strategic plan four domains for change were developed to realize our vision as a "One Island Health System"; these are:

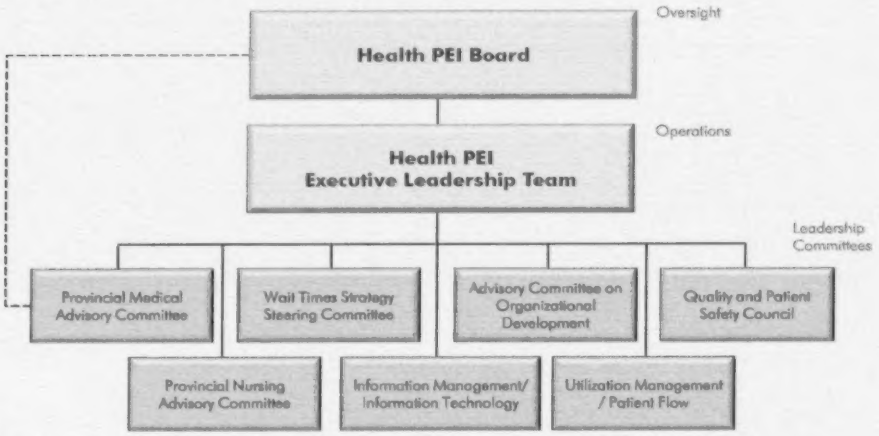
- An enhanced system of delivery for home-based care;
- A renewed model of community-based primary health care;
- Focused integration of acute and related facility-based care; and
- Enhanced system supports to improve efficiencies.

Within each domain, key strategic initiatives (large projects with a defined scope, schedule and budget) or leadership committees (for strategic initiatives that have now reached maturity as a "project" but require ongoing monitoring and leadership as the implementation continues) ensure progress is maintained in alignment with Health PEI's vision.

Leadership Committees for 2012/13

Health PEI's leadership committees work on broad system strategic issues that require ongoing organizational focus and leadership. These committees regularly report to the Executive Leadership Team (ELT), which monitors and

Figure 2. Reporting Relationships for Health PEI



directs the actions of these committees in an efficient and consistent manner. Leadership Committees for the 2012/13 fiscal year are outlined in Figure 2.

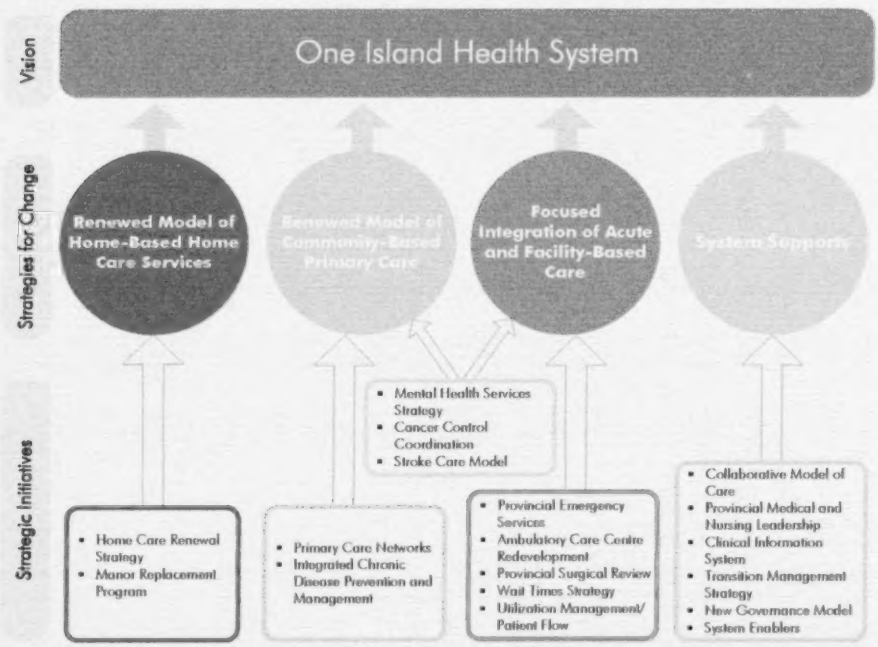
Generally, leadership committees are responsible for the:

- Development, implementation and monitoring of strategic initiatives under its authority;
- Provision of advice to executive leadership on regulations, policies, procedures, and standards;
- Strategic alignment of resources;
- System planning; and
- Promotion of organizational cultural change.

Strategic Initiative Framework

All Health PEI strategic initiatives, as outlined in Figure 3, are multi-year projects that were identified at the outset of the current strategic planning cycle. They are large, incremental, cross-divisional and interdepartmental projects that have system-wide impacts.

Figure 3. Health PEI Strategic Initiatives in Relation to the Four Strategies for Change


Vision
One Island Health System
Strategies for Change
Renewed Model of Home-Based Home Care Services
Renewed Model of Community-Based Primary Care
Focused Integration of Acute and Facility-Based Care
System Supports
Strategic Initiatives
• Mental Health Services Strategy
• Cancer Control Coordination
• Stroke Care Model
• Home Care Renewal Strategy
• Manor Replacement Program
• Primary Care Networks
• Integrated Chronic Disease Prevention and Management
• Provincial Emergency Services
• Ambulatory Care Centre Redevelopment
• Provincial Surgical Review
• Wait Times Strategy
• Utilization Management/ Patient Flow
• Collaborative Model of Care
• Provincial Medical and Nursing Leadership
• Clinical Information System
• Transition Management Strategy
• New Governance Model
• System Enablers

Strategic Work Planned for 2012/13

The work planned for this coming year will continue to focus on strengthening capacity in community and home-based settings; the continued integration of our health facilities across PEI and prioritizing system support in order to realize the goals set out in Health PEI's strategic direction.

Table 1. Health PEI Strategic Initiatives and Leadership Committee Progress from 2009/10 to 2012/13

Current Strategic Initiatives	2009-2010				2010-11				2011-12				2012-13			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Integrated Chronic Disease Prevention & Management																
Mental Health Services Strategy																
Primary Healthcare Networks																
Cancer Control Coordination																
Stroke Care Model																
Home Care Renewal																
Manor Replacement Program																
Medical Leadership																
Ambulatory Care Centre Redevelopment																
Provincial Emergency Services													Realignment			
Provincial Surgical Review																
Collaborative Model of Care																
Utilization Management / Patient Flow																
Transition Management Strategy																
Clinical Information System																
Computerized Provider Order Entry (CPOE)																
Wait Times Strategy																
New Governance Model																
System Enablers																
Budget Directives 2012/13 from DoHW																

Strategic Initiatives that were closed as projects and transferred to a Committee for ongoing oversight:

- With the closure of System Enablers as a project, key strategic areas under its umbrella were transferred, including:
  - Human Resources Framework and Leadership Development transferred to Advisory Committee on Organizational Development
  - IT/IM Framework transferred to IM/IT Leadership Committee
- Medical Leadership transferred to Provincial Medical Advisory Committee
- Wait Times transferred to Wait Times Strategy Steering Committee
- Utilization Management transferred to Utilization Management/ Patient Flow Leadership Committee

Definition (Business Case / Charter)
Planning Phase (Model & Implementation Plan)
Implementation (Control and Monitoring Focus)
Close Out (Evaluation, Spread Plan, Hand Over to Operations)

The strategic work outlined in this year's business plan for Health PEI, shown in Table 1 above, reflects the commitment to our strategic direction and the coordinated utilization of our strategies for change.

Renewed Model of Community-Based Primary Care: A renewed model of community-based Primary Care has been a priority for Health PEI for the past three years. Over this coming year we will remain committed to improving access to Primary Care services for Islanders. We will continue to strengthen our chronic disease prevention and management efforts through the development and extended implementation of chronic disease programs for chronic obstructive pulmonary disease (COPD) and hypertension. Now well

established in acute settings, the Stroke Care Model will gradually move into ambulatory care and community settings over this next year. Our primary care networks will continue to improve access to primary care providers for Islanders by fully integrating nurse practitioners across all networks. Renewed and improved access to Primary Care is essential to providing quality, sustainable health services and we will continue to build capacity in this area.

Renewed Model of Home-Based Home Care Services: As part of our key strategic areas and our Healthy Aging Strategy, Health PEI's Home Care and Long-Term Care have seen considerable investment over the past several years. We have continued to strengthen services in Home Care by adding resources to support frail seniors in their return home from acute care and this will remain a focus for us into the coming year. Manor Replacement has also played an important role in the strategic development of Health PEI with the opening of two Manors, Colville and Maplewood, to residents. We will also see the opening of Summerset Manor and the near completion of the Prince Edward Home in this coming fiscal year.

Focused Integration of Acute and Facility-Based Care: Integration of acute and facility-based care is essential to providing sustainable, efficient, high-quality care for Islanders. Reflective of our vision, we have undertaken a number of strategic projects in this area over the past three years. The work of the Utilization Management and Patient Flow Leadership Committee will continue to move forward initiatives such as care pathways and discharge planning to promote more effective and efficient use of bed-based resources through the continuum. The new QEH Ambulatory Care Centre has made considerable headway over this past year and will open in the summer of 2012, allowing Islanders to receive the best possible care while living at home in our Island communities. Over the coming year, the Wait Times Steering Committee will continue to focus on wait times for specialty services, such as orthopedics, but also expand their view to wait times for access to primary care physicians, further supporting the strategic direction of the organization.

System Supports: Strategic work in the area of System Supports has attended to the development of our organizational governance structure and the systems that support the operations of our health services. This past year, our Collaborative Model of Care has made great strides and in the coming year it will be implemented in 20 sites across the province and extended to include allied health professionals as well as nursing and patient/resident care workers. We will continue to support strategic work with health human resources and ensure these resources are aligned with the needs and direction

of the organization. We will also continue to invest in our electronic health records to ensure our information management and technology resources are able to support our service delivery and system improvements.

Strategic Direction Performance Measurement

Accountability for the progress of each strategic initiative and leadership committee is the responsibility of an executive lead who reports to ELT on a regular basis for monitoring purposes and to ensure continued alignment within the system. Every month, ELT reviews the progress of the strategic initiatives using a dashboard approach. Progress on a number of dimensions is represented graphically using the coding system illustrated in Figure 4.

Figure 4. Coding Structure for Strategic Initiatives Dashboard

ALERT – serious risks or issues need to be addressed by ELT
WARNING – risks or issues are compromising the project
GOOD – project is on track
EXECELLENT – project is excelling
Scope
Schedule
Resources
Outcomes

Strategic work, as well as progress for the organization as a whole is monitored through the use of key performance indicators, as outlined in Table 2. Each health system goal – Quality, Equity, Efficiency and Sustainability - has a number of specific objectives that describe the changes and results required over the next fiscal year. While strategic goals are more stable, objectives and their related measures evolve as changes are made and benefits are realized and capacity gained.

Table 2. Health PEI Goals, Objectives, Performance Measures and Targets for 2011/12 and 2012/13

Goal	Objectives	Indicators		Benchmarks	Baseline[∫]	Results 2009/10	Targets 2010/11	Results 2010/11	Targets 2011/12	Targets 2012/13
Quality	Reduce unplanned readmissions for same condition (all hospitals)	% Unplanned Readmissions within 7 Days to Same Acute Care Facility		1.6%	3.2%	2.8%	2.8%	3.0%	2.8%	2.8%
		% Unplanned Readmissions within 8 to 28 Days to Same Acute Care Facility		2.0%	4.0%	3.8%	3.9%	3.9%	3.9%	3.9%
	Ensure appropriate patient safety standards are met	Hospital Standardized Mortality Ratio (HSMR)		100	123 ‡	102 ‡	≤ 100	100 ‡	≤ 100	≤ 100
	Reduce hospital admissions for ACSC	Ambulatory Care Sensitive Conditions (ACSC). Rate per 100,000		Canadian Average	480/320 = 150%	497/302 = 165%	119%	515/299 = 172%	105%	150%
	Maintain or enhance satisfaction with service	Client, Patient, Family Satisfaction with Services (Acute Care)		90%	96%	96%	≥ 90%	96%	≥ 90%	≥ 90%
Equity	Ensure timely access to key services in targeted areas	Proportion of patients who received targeted service within defined time frame – Wait Times	Radiation Therapy	90% within 4 wks	386/387 (100%)	386/401 (96%)	90% within 4 wks	414/422 (98%)	90% within 4 wks	90% within 4 wks
			CT Scan Provincial Rollup	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	3708/6604 (56%)	6519/7139 (91%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	6053/6523 (93%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3
			MRI Provincial Rollup	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	1265/2949 (43%)	1464/3311 (44%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	2527/3845 (67%)	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3	90% within: 2 weeks-Urgency 1; 4 weeks-Urgency 2; 12 weeks-Urgency 3
			Hip Replacement	90% within 26 wks	117/130 (90%)	104/126 (83%)	90% within 26 wks	80/94 (85%)	90% within 26 wks	90% within 26 wks
			Knee Replacement	90% within 26 wks	158/196 (81%)	159/228 (70%)	90% within 26 wks	132/202 (65%)	90% within 26 wks	90% within 26 wks
			Cataract Surgery	90% within 16 wks	624/1054 (59%)	1022/1249 (82%)	90% within 16 wks	991/1304 (76%)	90% within 16 wks	90% within 16 wks
	Enhance services in key areas	Budgeted Spending per Capita	Primary Healthcare	$ 253.20 ∑	$ 194.81 *	$ 202.32 §	$ 236.99 *	$ 218.98 §	$ 256.28 *	$ 256.93 *
			Home Care	$ 116.20 ∑	$ 85.48 *	$ 94.12 §	$ 121.47 *	$ 114.34 §	$ 131.98 *	$ 135.26 *
			Long-Term Care	$ 480.30 ∑	$ 396.15 *	$ 431.45 §	$ 451.75 *	$ 467.34 §	$ 491.94 *	$ 517.27 *
			Hospital Services	$ 1615.30 ∑	$ 1413.65 *	$ 1549.00 §	$ 1673.20 *	$ 1703.00 §	$ 1734.27 *	$ 1812.25 *
			Physicians	$ 719.40 ∑	$ 617.98 *	$ 685.98 §	$ 676.35 *	$ 703.46 §	$ 712.85 *	$ 734.56 *
			Drugs	$ 278.50 ∑	$ 230.99 *	$ 237.44 §	$ 252.97 *	$ 253.09 §	$ 244.80 *	$ 247.85 *
			Ambulance	$ 64.50 ∑	$ 50.38 *	$ 58.35 §	$ 61.01 *	$ 80.24 §	$ 80.81 *	$ 82.55 *
Efficiency	Ensure appropriate Length of Stay for bed based services	Acute Average Length of Stay – Expected Length of Stay[μ]		ELOS	ELOS + 3.1 days	ELOS +2.9 days	ELOS + 2 days	ELOS + 3.1 days	ELOS + 1 day	ELOS + 1 day
		Avg Length of Stay (ALOS) – (Long-Term Care – Public Facilities)		≤ 2.8 years	3.3 years	2.7 years	≤ 3.0 years	2.7 years	≤ 2.9 years	≤ 2.6 years
	Improve efficient use of health human resources	Hours per Patient Day		Not Available	5.30	5.48	5.30	5.40	5.30	5.30
Sustain-ability	Ensure operational sustainability within assigned resources	Health budget as % of total provincial budget		34.6% ∑	33.6%	Not applicable ¥	34.5%	Not applicable ¥	35.8%	36.3%
		Health budget as % of total provincial budget (program expend only)		37.9% ∑	37.0%	Not applicable ¥	37.2%	Not applicable ¥	38.5%	39.0%
		Annual Results: Surplus/ Deficit		$0.00	$0.00	$3.93 M deficit	$0.00	$6.28 M deficit	$0.00	$0.00
	Ensure a safe and healthy work environment	Sick Days Per FTE		≤ 11.81 days/FTE	11.81 days/FTE	11.45 days/FTE	≤ 11.81 days/FTE	12.27 days/FTE	≤ 11.81 days/FTE	≤ 10.80 days/FTE
		Overtime Days Per FTE		6.05 days/FTE	7.53 days/FTE	7.39 days/FTE	6.64 days/FTE	7.53 days/FTE	6.20 days/FTE	6.20 days/FTE
		Staff Satisfaction Rate		78%	76%	75.7%	–	Not measured	≥ 77%	Not measured

Notes:

∫ = Baseline values are 2008/09 results except for % Health Budget Share (09/10 result), % Health Program Expenditure only (09/10 result) and Staff Satisfaction Rate (2006 result).

* = Values are based on budgeted information.

¥ = Intent of this indicator is to measure Health PEI's budget in relation to the Total Provincial budget. Actuals are not included in this measure.

μ = Acute Length of Stay is decreasing when ALC days are removed from the total Length of Stay.

‡ = CIHI changed HSMR methodology so Health PEI HSMR results do not match previous versions of this document.

§ = Annual actuals (note – actual for 2011/12 effective as of June 29, 2012).

∑ = Financial benchmarks reflect budget information for 08/09.

Table 3. Budget and Resource Summary Table

Core Business Area	2012/13 Estimate	2011/12 Forecast	2011/12 Budget
Operating Expenses ($)[1]			
Community Hospitals and Primary Health Care	77,691,300	73,691,700	74,590,300
Corporate Development and Innovation	8,245,500	7,703,600	8,368,900
Financial Services[2]	7,965,200	7,763,500	7,668,100
Health Information Management	8,344,500	7,485,600	8,106,800
Home-Based and Long-Term Care	92,833,300	88,746,200	87,963,800
Medical Affairs	138,682,100	132,721,900	134,652,600
Provincial Acute Care	147,929,300	140,308,200	137,897,300
Provincial Clinical Services	83,989,300	84,902,000	81,119,700
Total Expenditure	**565,680,500**	**543,322,700**	**540,367,500**[2]
Total Revenue	**22,963,000**	**22,161,100**	**22,267,400**
Total Gross	**542,717,500**	**521,161,600**	**518,100,100**
Capital Plan ($)[3]			
Capital Improvements and Repairs	25,916,400	51,269,000	54,625,000
Capital Equipment	6,400,900	12,412,100	11,305,000
Total Capital Expenditure	**32,317,300**	**63,681,100**	**65,930,000**
Total Revenue	**5,335,400**	**6,416,200**	**7,370,000**
Total Gross	**26,981,900**	**57,264,900**	**58,560,000**

Full-time Permanent Equivalents (Direct FTEs)[4]	2012/13	2011/12
Community Hospitals and Primary Health Care	817.24	801.50
Corporate Development and Innovation	61.00	60.00
Financial Services	89.65	86.40
Health Information Management	31.00 Health; 40.00 ITSS	31.00 Health; 40.00 ITSS
Home-Based and Long-Term Care	876.20	839.20
Medical Affairs[5]	121.00	122.00
Provincial Acute Care	1297.68	1252.11
Provincial Clinical Services	302.30	292.40
Total FTEs	**3,636.07**	**3,524.61**

Notes:

1 PEI Estimates of Revenue and Expenditures 2012/13.

2 Adjustments made from 2011/12 budget to reflect net inter-vote transfers.

3 2012-2013 Capital Budget and Five-Year Capital Plan. Capital investments ensure the province's health infrastructure is maintained and modified or expanded to meet the health services needs of our changing demographics. The health sector invests in health facilities, such as hospitals (e.g., QEH Redevelopment), manors and clinics. Capital investment is also made in medical equipment including CT scanners, laboratory systems and surgical equipment. Five-year capital plans are prepared annually to ensure that the significant costs associated with capital investments are strategic, cost-effective, and align with other health sector planning.

4 Full-time equivalency information for 2012/13 is derived from Health PEI Budget Books.

5 FTEs for Medical Affairs includes salaried physicians. Fee-for-service physician numbers are not included.

Conclusion

Over the past three years, considerable investments have been made to ensure that the right services are provided to Islanders, by the right provider, in the right location. Still, there is a need to develop and align these services within a sustainable, integrated health services system. The current economic environment clearly demonstrates that the past rate of growth is not sustainable. The 2012/13 budget for Health PEI, as outlined in Table 3, reflects our commitment to the strategic direction. Budgets for almost all front-line service divisions have increased to appropriately support our mandate and strategic direction, still the rate of expenditure growth is lower than in past years. The 2012/13 budget reflects our ongoing commitment to our strategic priorities.

Regardless of scope, all strategic work within Health PEI is focused on improving the overall quality and sustainability of the system and the quality of care that is provided to Islanders. The 2012/13 Health PEI Business Plan provides focus in this transitional year as we remain committed to the successes and investments over the past three years and prepare to set a new strategic direction for the organization. Over this coming year, Health PEI's Board will work with the Department of Health and Wellness and other stakeholders to develop a new strategic plan for 2013/16.

Appendix A: Strategic Documents for Health PEI

The work of Health PEI is guided by a comprehensive planning, performance and accountability framework, as detailed in the *Health Services Act*, S.P.E.I. 2009, Cap 7. As part of this framework Health PEI develops three levels of documentation (Figure 5) that vary in their lens (strategic to operational); their duration (three to one year) and their scope (integrated organizational planning to organization operations).

Health PEI's business plans are an annual adaptation of the strategic plan to ensure that the organization moves toward its strategic direction. It is prepared in accordance with the *Health Services Act*, S.P.E.I. 2009, Cap 7 and the government's accounting policies. As illustrated in the legislated documentation and activities section of Figure 6, Health PEI's business plans are developed based on our 2009/12 Strategic Plan and direction from Department of Health and Wellness provided through:

- Department of Health and Wellness Strategic Plan (to be released in 2012/13);
- Provincial Health Plan provided by the Minister (approved this year on April 1, 2012);
- Budget Directive (this year provided as a budget directive).

Each year, Health PEI's business plan sets forth a course of action and accountability to ensure progress on our strategic plan within the direction from the Department of Health and Wellness. The 2012/13 Health PEI Business Plan provides focus in this transitional year as we remain committed to the successes and investments of the past three years and prepare to set a new strategic direction for the organization.

Figure 5. Strategic Documents for Health PEI

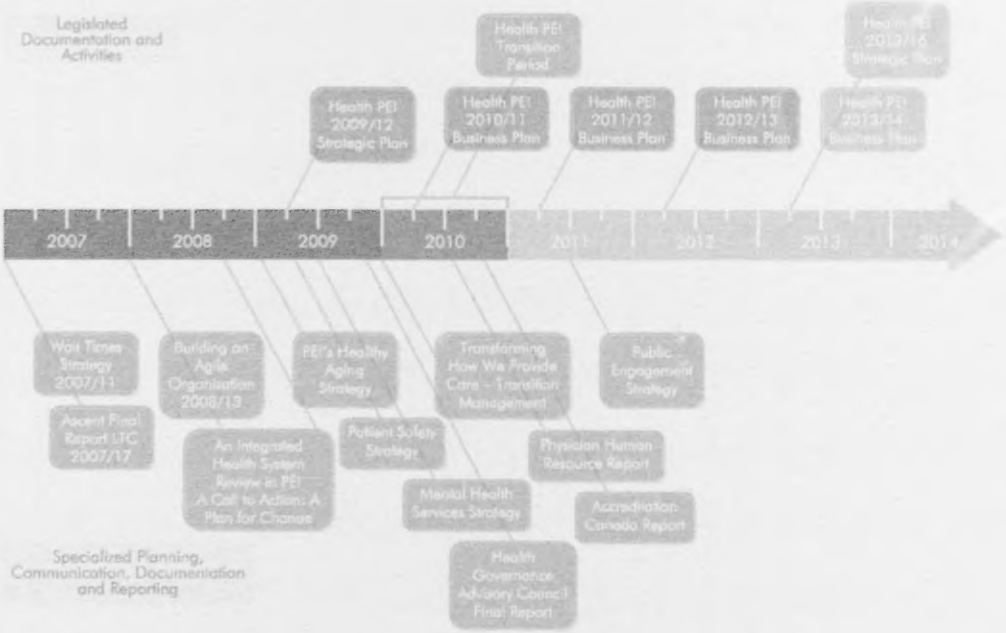
Strategic Plan
• Developed by the Board
• Sets broad organizational direction
• Based on direction from Minister and public
• Triennial
Business Plan
• Developed by the CEO
• Sets specific organizational direction
• Based on Provincial Health Plan from Minister
• Annual
Operational Plan
• Developed by Executive Directors
• Sets specific direction for divisions
• Based on Business Plan from CEO
• Annual

Appendix B: PEI Health System Structure and Accountability

Development of Health PEI

With the passing of the *Health Services Act* in 2009, work was initiated on the development of a health services corporation, and in January 2011 Health PEI was formally established. The organization's development was informed through consultation and by previous health system studies (Figure 6) including the Health Governance Advisory Council (2009) and the Corpus Sanchez International Report (2008), among others.

Figure 6. Documentation Supporting Health PEI and Its Current Direction



Accountability Framework

The accountability framework for Health PEI is defined in the *Health Services Act*, S.P.E.I. 2009, Cap 7. The reporting relationships are described below and outlined in Figure 7.

Minister: The Minister of Health and Wellness is responsible for the administration of the legislation, broad health policy, health system funding, and is ultimately accountable to the public for the delivery of services.

Board: As the governing body for Health PEI, the Board of Directors is responsible for the oversight of the organization as a whole. Its three sub-committees support the Board in their areas of responsibility: compliance and monitoring; quality and safety; and public engagement. The Health PEI Board reports and is accountable to the Minister to ensure that health services and operations are in accordance with direction from the Minister.

Chief Executive Officer: Within the organization the Chief Executive Officer (CEO) is the link between the Board and the operational activities and achievements of the organization. The CEO is accountable to the Board for the delivery of health services in accordance with the Provincial Health Plan and the organizational strategic direction and operational policies as directed by the Board.

Divisions: Health PEI is organized into nine divisions, each with an executive director who reports to the CEO and is responsible for the operations of their division in accordance with direction from the Board. Health PEI has strong lines of accountability that enables the operations of health and support services to run with autonomy while still being accountable to the Minister, and therefore the public.

Executive Leadership Team: Health PEI's Executive Leadership Team (ELT) is the organization's senior leadership and decision-making management body. Its membership is comprised of the CEO and executive directors, with representation from other roles as needed. ELT provides strategic and operational leadership and accountability for the delivery of quality health services in PEI to ensure that all Islanders have access to a high quality, equitable, efficient, and sustainable health system. All strategic initiatives and leadership committees report and are accountable to ELT for their activities and progress, with the exception of the Provincial Medical Advisory Committee (PMAC), which also reports directly to the Board. ELT meets, at minimum, twice per month.

Figure 7. PEI Health System Organizational Structure